

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568104

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

